

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 0019240.00477US2
In re Application of Martha G. WELCH et al.		
Application Number 10/799,941-Conf. #8041		Filed March 11, 2004
For NOVEL MULTipeptIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS		
Art Unit 1654	Examiner	A. D. Kosar

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 270.00

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-0219.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.

I am the

applicant /inventor. _____ /Julia A. Grimes/
Signature

assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96) _____ Julia Anne Grimes
Typed or printed name

attorney or agent of record.
Registration number 66,170 _____ (212) 230-8800

attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____ Telephone number
April 16, 2010 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of 1 forms are submitted.
--

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 16, 2010

Signature: _____ /Carolyn DeCasseres/ _____ (Carolyn DeCasseres)